

Isle of Man Board of Education

**ANNUAL REPORT of the  
Principal School Medical Officer**

**for the year ended**

**31st December, 1971.**

S. V. CULLEN. M.B., Ch.B., M.F.C.M., D.C.H.

Principal School Medical Officer



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# Isle of Man Board of Education

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## SCHOOL HEALTH SERVICE

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### Report for the Year 1971

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#### STAFF

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##### FULL TIME.

Principal School Medical Officer : S. V. Cullen, M.B., Ch.B., M.F.C.M., D.C.H.

School Nurses :  
Mrs. H. Parry, S.R.N.  
Mrs. H. Regan, S.R.N., R.F.N., S.C.M.,  
H.V.  
Mrs. C. M. Palmer, S.R.N.  
Mrs. K. E. Rowe, S.R.N.

Principal School Dental Officer : Kathleen E. Smith, B.D.S.Hons., L.D.S.

School Dental Officers :  
T. R. Hoggins, R.D., L.D.S., R.C.S.  
F. W. Cannell, B.Sc., B.D.S.  
A. D. Torry, L.D.S.

Dental Surgery Assistants :  
Miss H. M. Costain, R.D.S.A.  
Mrs. Q. King, R.D.S.A.  
Mrs. P. M. Quirk.  
Mrs. M. Hardy.

Clerks to the Medical Department : Miss V. Devereau.  
Mrs. C. S. Hutchin  
Miss L. Clague

##### PART TIME.

School Medical Officer : Kathleen M. Vernon, B.Sc., M.B., Ch.B.

Speech Therapist : Mrs. J. E. Bayliss, L.C.S.T.

Clerk to the Medical Department : Mrs. L. M. Bridson (temporary).

##### CONSULTANTS.

Aural Surgeon : W. M. Owen, F.R.C.S., D.L.O.

Ophthalmic Surgeon : J. W. R. Sarkies, M.R.C.S., L.R.C.P.,  
D.O.M.S.

Orthopaedic Surgeon : H. G. Almond, M.Ch.(Orth.), F.R.C.S.

PHYSIOTHERAPIST : J. I. Mellor, M.C.S.P., S.R.P.



## INTRODUCTION

### STAFFING

There were no changes in staff in any of the departments during the year under review and all branches of the service are up to full establishment. The staff have again been most conscientious in carrying out their duties and I should like to express to them my thanks and appreciation. In particular, I should like to mention Dr. K. M. Vernon who has, as always, been of invaluable help. Much of the material in the body of the report, especially the statistical tables has been prepared by my senior clerk, Miss V. Devereau, and special thanks are due to her. A short time before the end of 1971 the Principal School Medical Officer was notified that he had been elected a founder member of the Faculty of Community Medicine of the Royal Colleges of Physicians.

I am most grateful to the Director of Education, Mr. F. Bickerstaff, and his staff and to the teaching staffs of the schools for their support and to the members of the medical profession for their co-operation, all of which is so essential to the continued progress of the work of the school health service.

Finally, I record with gratitude the interest and support of the members of the Board of Education and the Special Services Committee.

S. V. CULLEN,

Principal School Medical Officer.

## PRELIMINARY

Early in the present century a committee appointed by the British Government to look into the problem of physical deterioration recommended a complete service of medical inspection to ensure the health of the coming generation by caring for the present one and to provide health supervision. This led to the inauguration of the school health service which has continued to carry out these recommendations by regular and frequent medical examinations of school children. The aim of the service has always been the early discovery of defects of health and the institution of adequate treatment. Whenever possible, the onset of possible defects is prevented so that children may obtain full advantage of the educational facilities provided.

During the last few decades the health and physique of school children has improved considerably and cases of malnutrition are rarely seen and this is due in part to the provision of school meals, particularly to the provision of a properly balanced mid-day meal. However, during 1971 parents were given the opportunity to give their children sandwiches as an alternative to the cooked meal available in the school. This may be desirable in some circumstances but some parents replaced the balanced meal provided by the school kitchens with a meal consisting of potato crisps cream cakes and bottles of 'pop', producing a mixture of foods high in convenience (and calories) and low in nutritional value and incidentally much more expensive than the school dinner. Such a diet pursued to extremes produces the over-weight and obese child whose obesity persists into adult life and then may cause susceptibility to frequent and severe respiratory infections and other physical hazards which in childhood are not normally so dangerous.

The question of free milk for school children has been much to the fore in England since a proposal to discontinue it was adopted during the year, and the pros and cons of universal free milk for children in school have been hotly debated in some quarters. In the Isle of Man there never was universal provision of free milk in schools and free milk has never been provided except by medical recommendation or on economic grounds. Although such recommendations are very broadly and liberally interpreted and social and environmental factors taken into account, the number of children receiving free milk has declined over the years and school milk has not been provided in the secondary schools for several years. Even so, there is no evidence of malnutrition in either primary or secondary school children. There are two schools of thought about school milk. Some people feel that



when children leave home early in the morning they need their milk during the mid-morning break. Others feel that some children do not eat or enjoy their school dinners if they have already had milk. As school dinners are more important, nutritionally speaking, than school milk, it might be better to strike a balance between these opposing points of view by deciding what is best for the individual child.

The children's psychiatric clinic continued to operate regularly at the Murray's Road clinic under the direction of a consultant psychiatrist and with the appointment of an educational psychologist in 1972 the child guidance team should be complete. 50 children, more than half of them boys, were seen during the year. Most of the problems dealt with are of an emotional nature leading to disorders of behaviour combined with educational problems and are due to parental disharmony or poor housing conditions though many are also associated with mental retardation or under-achievement at school. Some cases had already been before the Courts and others were potential delinquents. While delinquency and vandalism on the Island have not reached mainland proportions, it is important that deviations from normal behaviour at early ages should be seriously considered and treatment instituted as soon as possible. Fortunately, there is no evidence at present that there is any drug problem amongst school children or teenagers but constant vigilance by school and police authorities is maintained so that immediate and firm action may be taken should any such evidence be presented.

The transfer of responsibility for the training of the severely mentally subnormal child to the Board of Education has not yet taken place and control of the Junior Training Centre therefore remains the responsibility of the Health Services Board. Manx legislation (as it affects the mentally handicapped) is very much behind that in England and there is still no recent mental health act and the Education (Handicapped Children) Bill has yet to be presented to Tynwald.

The Principal School Dental Officer in her very full report on the school dental service has referred once again to the question of fluoridating the water supplies in the Isle of Man, and, as she states, this question has been raised on several occasions in the past and attention has been drawn to it in previous annual reports. Some authorities in England have added fluoride to their drinking water and its complete safety has been amply demonstrated. Reports of studies in fluoridation areas also show substantial reductions in decay in both



temporary and permanent teeth and the adoption of a policy of fluoridation in the Isle of Man is strongly recommended.

The school health service is part of a general health service in the Island and continues to perform a special and valuable function. In any proposed re-organization which may take place in coming years, due cognisance must be taken of the fact that it forms the principal link between the services of health and education.

## **MEDICAL INSPECTIONS**

The Education Act states that provision must be made for the medical examination of all children in maintained schools at appropriate intervals. During their school life, particularly in the first and final years, school children are therefore submitted to medical examination and in the Isle of Man the fixed examination points also include intermediate examinations at the age of eight and twelve. In spite of the continued increase in school population, it has not been considered desirable or necessary yet to replace the intermediate examination by a selective type of examination.

The total number of individual children examined in the different age groups was 2,728 and the number found to require treatment was 552 (20.23%). The highest percentage of the various defects requiring treatment was once again defective vision (11.07%). Details of the various defects are given in the statistical table at the end of the report.

Children who are found to have some problem or defect are re-examined regularly (in respect of that particular defect). It is not customary to invite the parents to the re-inspection examination unless the school medical officer wishes to discuss a particular aspect of the child's health or educational progress. The total number of re-inspections was 4,517.

Parents continued to be given every encouragement to attend the fixed medical examinations and a total of 1,734 (63.56%) was present. The number present at the entrant examination was nearly 100%.

## **PHYSICAL CONDITION**

Every child who has a routine medical examination is weighed and measured and the height and weight taken in conjunction with the findings at examination provide a base on which physical condition is assessed and classified as either satisfactory or unsatisfactory. There are no guiding hard-and-fast rules to help and this classification is the personal opinion of the individual examining officer.

No child examined was considered to be of unsatisfactory physical condition and the average heights and weights showed no significant change from those of the previous year.

Children who show evidence of overweight or obesity are given advice on diet and the parents of some are given diet sheets and told how to superintend their calorie intake.

#### **MINOR AILMENTS AND CONSULTATION CLINICS**

A smaller number of children attended the minor ailments clinics than in the previous year (4,301 cases made 7,135 attendances.) These clinics are staffed by school nurses in different parts of the Island and are intended primarily for the treatment of minor conditions not considered severe enough for treatment by the family doctor. Severe conditions are referred to the general practitioner.

Most of the ailments treated were minor eye or skin conditions and there was a marked decrease in the number of cases of scabies. Plantar warts (verrucae) were still a problem but with earlier recognition and preventive measures the incidence seems to be declining.

One of the main advantages of the minor ailments clinic is the opportunity given to the parent to have more time to consult with the medical officers on the many and various difficulties which may adversely influence a child's progress in school, and the parents are not slow to take advantage of the opportunities offered.

#### **UNCLEANLINESS**

In spite of the diligence of the school nurses in dealing with uncleanliness—and the importance of their work in carrying out school inspections cannot be over-emphasised—the percentage of children with infested heads in 1971 increased. This may be due to the fact that head lice seem to be acquiring resistance to preparations commonly used for control of infestation. However, new preparations which have recently come on the market, are being used in the clinics, and early evidence suggests that they may be more efficacious.

The school nurses made 45,349 examinations of 8,123 children and 162 visits to homes. 263 children (3.2%) had some degree of infestation.

#### **EYE DISEASES, DEFECTIVE VISION AND SQUINT**

The children's eye service under the control of Dr. J. W. R. Sarkies, consultant ophthalmologist, continued to be held in the Eye Department at Noble's Hospital. Weekly clinics are held especially for



children and the school nurses attend. Dr. Sarkies in his report states that "the service seems to work very smoothly and that on the whole I think we are getting children seen with eye defects at the earliest possible time." A relatively high proportion of the children seen were below school age, indicating that they are obtaining early treatment.

101 consultation sessions were held and 678 children (127 below school age) were examined. The total number of examinations was 1,179. One school child and two pre-school children were examined at adult clinics.

Nine school children and 24 pre-school children were referred for operations (mostly for squint) and eight school children and 21 pre-school children had operations at Noble's Hospital. In addition, four school children and 19 pre-school children had minor operations or examinations under anæsthetic at Noble's Hospital. One school child was admitted to St. Paul's Eye Hospital in Liverpool for treatment.

The Principal School Medical Officer continued the refraction clinics for school children and 283 children were tested, 93 being ordered spectacles. The total number of school children for whom spectacles was prescribed was 228 and the number of spectacles ordered for pre-school children was 42.

The school nurses treated 225 eye conditions of a minor nature.

## **EAR, NOSE AND THROAT CONDITIONS**

11 visits were made by Mr. W. Mervyn Owen, consultant ear, nose and throat surgeon, and 147 school children and 24 pre-school children were examined, the total number of examinations made being 237. In addition, 57 children were examined at Noble's Hospital following operation.

13 operation sessions were held at Noble's Hospital and 59 school and eight pre-school children had operations mostly for the removal of tonsils and/or adenoids. One school child was admitted to Clatterbridge Hospital under Mr. Owen's care for special treatment of an ear condition.

65 children (including eight under school age) were referred during the year by Mr. Owen for operative treatment. 26 children had special audiometric examinations at Noble's Hospital and five school children and three under school age were provided with hearing aids.



151 children with ear, nose and throat conditions of a minor nature were treated by the school nurses.

The shortage of an adequate number of beds for operation cases continues to be a problem and the situation regarding the operation waiting list remains unsatisfactory.

## **TUBERCULOSIS AND CHEST CONDITIONS**

B.C.G. vaccinations continued as in previous years and 468 children were vaccinated. At present vaccination with B.C.G. is available only to children in certain age groups in the secondary schools.

31 reports in respect of 19 school and one pre-school child were received from the chest clinic. Three of these children were under observation for heart conditions and one child was notified as suffering from tuberculosis.

Candidates for admission to teachers training colleges continued to have chest x-rays as an integral part of their medical examination. 43 candidates attended for chest x-ray at Noble's Hospital and all were found to be free from lung disease.

## **DENTAL**

Mrs. K. E. Smith, Principal School Dental Officer, reports: "There have been no staff changes during the year, thus four full-time dental officers and four dental surgery assistants have worked in the clinics at Douglas, Ramsey, Castletown and Peel.

Out of a maintained school population of 8,055 plus 591 from boarding schools, 86% received a dental inspection during the year, 6,743 at their schools and 699 at the clinics. 50 pre-school children were inspected at the clinics when their parents requested treatment for them. The total number of children inspected during 1971 was 7,442.

It is of interest to note that 591 boys and girls attending the Island's two boarding schools are still being inspected annually at their head teachers and parents' request, in order that their parents may ensure that any necessary treatment is carried out whilst they are at home for their vacation. The great majority of these children however receive private treatment.

During the year 1,946 children were re-inspected—some receiving regular six-monthly inspections, others at their own request. Of the 7,442 children inspected, 4,234 were found to require treatment. Of these, 3,328 were offered treatment and 2,941 elected to have

school treatment. The 906 children who were not offered treatment were those who were obviously undergoing private treatment and those whom the dental officer considered were best left until they experienced discomfort and requested treatment themselves. 65 half-day sessions were devoted to school dental inspections and 1,668 sessions were devoted to treatment.

2,941 patients attended our clinics making a total of 9,547 visits—roughly an average of three visits each per year for treatment. A total of 3,332 courses of treatment were commenced, indicating that 391 children had more than one course of treatment during 1971.

With the influx of many new residents to the Island, it is becoming obvious that the pattern of treatment started to change slightly in 1971. Most of these children accepted school treatment and were found to have had very little or no attention in the past, and thus they became priority patients. It was found necessary to have more extraction sessions than were required in previous years, 954 general anaesthetics were administered almost twice the number in 1970. 1,066 permanent and 2,538 deciduous teeth were extracted both indicating a 20% rise on the previous year's figure. At the same time it must be borne in mind that 60% of the permanent extractions were to relieve overcrowding, so that the picture as regards permanent extractions is not quite as black as it seems at first glance. These extractions for overcrowding are sometimes all that is required to correct an irregular appearance of the mouth.

In more extreme cases, orthodontic treatment by appliances is indicated and this can be a very time-consuming treatment necessitating frequent visits by the patient for adjustment and supervision. There were 112 such appliances fitted, a 27% increase on the number supplied in 1970. 34.7% more patients completed their treatment than the previous year and the number of patients who discontinued their treatment through lack of interest and co-operation dropped by 30%.

5,887 fillings were completed in 5,348 permanent teeth, just 2.2% less than the previous year, while deciduous fillings dropped by 33%.

The number of 21 patients fitted with dentures hardly varied from last year's figure, just one less.



Many other time-consuming treatments were carried out during the year, including 23 crowns, one inlay, 38 root fillings, and 562 patients were x-rayed.

General anæsthetics sessions were held at the Peel clinic again following the school inspection and there was a great improvement in attendance over the previous year's trial. When there were toothache cases requiring immediate treatment they attended very well at the Douglas clinic for individual appointments. As the number of non-urgent patients accumulated at Peel (sufficient to fill a half-day session) general anæsthetic sessions were organised there. The regular Wednesday visit by a dental officer for other treatments continued throughout the year.

The topical application of fluoride is still being administered to selected patients whose parents express the wish for its use. I should like to repeat, once more, as I did in 1955, 1957 and 1969, that the adjustment to the correct level of the fluoride content in drinking water of the Isle of Man would be not only beneficial to the children's teeth but also economically wise. An intensive study in a small self-contained community, Askov, Minnesota 1948-1958, tended to show that "if all the approved dental health practices are carried out to the limits of human co-operation, but omitting water fluoridation the benefits are both moderate and costly. The following programme was carried out: sustained dental health and dietary education in the schools, supervised brushing daily in the school, regular topical application of fluoride, tooth brushes and dentifrice supplied free to all homes, regular dental inspection and treatment provided free. After ten years the reduction in caries was 28% for the 2 - 3 years old, 34% 6 - 12 years old, 14% 13 - 17 years old. The cost per child per year was 30 dollars and 82 cents. Without this programme, but with water fluoridation alone, these percentages might have been doubled—at a cost of only 54 cents per child per year." In the study areas in Britain in 1965 the annual cost of fluoridation was estimated to be about 10d. for each person served by the water supply. With the increase expected in the amount of water used by each person, it was not thought to be likely that the cost would exceed 1/- within the near future from that date. Thus in 1972 one could safely say the cost would probably not exceed 10p. per head. Fluoride has been proved to prevent decay, delay its onset, and when it occurs to reduce the severity of the decay. A measure that can do all this and save the children's suffering, as well as the taxpayers' money, must be considered seriously."



## ORTHOPÆDIC DEFECTS

Mr. H. G. Almond, consultant orthopædic surgeon, made ten visits to the Island and examined 296 children (70 below school age), the total number of examinations made being 524. Five school and two pre-school children were also examined at Noble's Hospital and in one case it was necessary for the child to be visited at home.

18 children (including five of pre-school age) had operations at Noble's Hospital—these were mostly for foot and leg conditions. Mr. Almond also operated on two children in Broadgreen Hospital and another child was admitted there for special investigations. Two boys were in-patients in Noble's Hospital for treatment of hip conditions and one boy who continued to remain under treatment by Professor Roaf in Liverpool was again admitted to the Royal Liverpool Children's Hospital for further treatment of his spinal condition.

The physiotherapist, Mr. J. I. Mellor, treated 217 school children and 59 pre-school children. 2,657 treatments were given at the after-care clinics held at various schools throughout the Island. At the request of the consulting obstetrician babies with suspected orthopædic defects are seen at the Jane Crookall Maternity Home and if necessary referred to Mr. Almond. With a consequent improvement and relief of their chest symptoms an increasing number of school children with severe asthma is being referred for physiotherapy.

## SCHOOL MEALS SERVICE

Miss N. M. Garlick, School Meals Organiser, reports: "In April, 1971 the price of the school meal was increased from 9p to 12p following a similar increase in the United Kingdom. The rising cost of food, wages and other overheads in general required a greater contribution towards the total cost. At the same time, the scheme for providing free meals was to allow for higher income levels. This scheme makes provision for free meals according to the number of children in the family and the family income. Children are also permitted to bring sandwiches to school at mid-day if they do not wish to partake of the school meal. The number of children bringing sandwiches to school is approximately 200 per day. The proportion of sandwich eaters is fairly high in three schools, in other schools the numbers are only nominal and in some non-existent.

Kitchens equipped to serve 200 meals per day have come into operation at Ballaquayle Infants' School, Douglas, and Rushen Infants' School, Port St. Mary.

Consultation has taken place with the Board's architects on the fitting up of a servery at Ashley Hill School, Onchan.

It has been found that there is resistance on the part of older pupils to take the traditional type of meal and a proposal was put before the Board and approval given to establish a cafeteria service, where a wider variety of meals is served and the pupils pay the full cost of the food. Approval has been given to establish this service at the Girls High School, Park Road Section, and on the success or other-wise of this experiment, will depend the introduction of cafeterias in the other secondary schools."

**Number of children staying for school meals, 1971**

St. Ninians	serving Pulrose, Noble's Hall, Kewaigue	289
St. Mary's	serving Willaston	286
Victoria Road	serving Ballasalla and Santon	230
Albert Road Centre	serving St. Maughold's, Bride, Sulby, St. Jude's, Michael, Jurby, Ballaugh and Andreas	410
Ramsey Grammar Senior		180
Ramsey Grammar Junior		160
Castle Rushen		310
Rushen Primary		178
Rushen Infants'	serving Arbory	120
Braddan		120
Laxey	serving Dhoon	180
Ballakermeen		400
Park Road	serving Murray's Road	150
Peel	serving Patrick, St. John's, Foxdale and Marown	250
Onchan		120
Ballaquayle		50
		<hr/> 3,433 <hr/>



**SCHOOL MILK**

Approximately 1,824 third of a pint bottles of pasteurized milk were delivered daily to schools. About 257 of these were supplied free of charge.

**INFECTIOUS DISEASES**

The following infectious diseases were notified by the schools:

Measles	47
Whooping cough	27
Chickenpox	42
Mumps	182
German measles	237
Scarlet fever	1

There was quite a considerable decline in the number of cases of measles notified. This is more likely to be a seasonal decline rather than a decrease due to the effect of measles vaccination as it is felt that there are not sufficient children protected by vaccination to produce any material change in the figures.

Mumps notifications were also many fewer than in 1970.

The number of cases of German measles showed a fairly marked increase. Vaccination against this disease is now being carried out on all girls over their twelfth birthdays for the purpose of protection against the possibility of contracting the disease during pregnancy later in life.

**MISCELLANEOUS MEDICAL EXAMINATIONS**

In accordance with the Board of Education bye-laws all children between the ages of 13 and 15 years engaged in part-time employment are required to be examined by the school medical officer but it is unusual for a child to be forbidden employment on medical grounds. The purpose of the bye-laws is to protect the health of the working child, not to harass the employer. They have been in operation for many years and prohibit the employment of children in certain designated occupations and they limit the working hours of the child on school days and during the holidays but there is no doubt that employers of child labour are not always aware of their obligations. 134 employment certificates were issued during 1971.

44 candidates accepted for admission to teachers training colleges and medically examined in accordance with the requirements of the Department of Education and Science were found to be physically fit.



116 examinations of 48 individual children boarded out by the Board were made.

12 special examinations and seven special re-inspections of pre-school children with various complaints were carried out.

Other examinations included those for admission to special schools, fitness for dental treatment under general anæsthesia, and examination for superannuation purposes.

## **HANDICAPPED CHILDREN**

### **Blind Children**

One youth who had been resident in a special school in Manchester for several years, was transferred to the Queen Alexandra College in Birmingham. This was to enable him to have further training to fit him for suitable employment. One boy who had been in attendance at a primary school on the Island, transferred to a school for the blind in England.

### **Partially Sighted Children**

Eight partially sighted children were attending ordinary schools and appeared to be progressing satisfactorily. One boy (with other defects apart from the visual one) was not attending school and two children of pre-school age were noted as partially sighted.

Supervision of six children with severe myopia continued and one child not yet of school age was noted as suffering from severe myopia.

### **Deaf Children**

Two children (attending a local private school) were fitted with new types of hearing aid and both continued to have speech therapy. One transferred to a maintained primary school at the commencement of the autumn term. A girl who had been in the past resident at different special schools for the deaf and withdrawn for psychological reasons, was admitted to a school in Douglas having earlier been fitted with a new type of hearing aid with apparent improvement. Later in the year she requested re-admission to the last special school she had attended and was admitted there at the beginning of the autumn term. At the end of the year she appeared to have settled down and was still in residence.

Three pre-school children were seen at the school clinic and thought to be deaf. They were referred to the hearing assessment clinic at Alder Hey Hospital in Liverpool and two were seen and underwent specialised hearing tests which confirmed a diagnosis of profound deafness and each was fitted with a hearing aid. The third child was still awaiting an appointment for hearing assessment at the end of the year.

Another pre-school child who had previously been assessed was fitted with a hearing aid and admitted to the Nursery Department of a Deaf Unit in Edinburgh when her mother went to reside permanently in Scotland.

### **Partially Hearing Children**

26 school children were classified as partially hearing. Eleven of them had hearing aids, two being provided with aids during 1971. All attended ordinary schools and of these two left school during the year and one transferred to England.

One boy, not attending any school because of other handicaps but receiving home teaching, is also partially hearing and has a hearing aid.

Not all the children provided with hearing aids wear them constantly but every effort is made to persuade them to wear them in school. All partially hearing children are advised to sit in a favourable position in the class room and their head teachers are notified which position is best.

### **Epileptic Children**

40 children attending ordinary schools were known to suffer from epilepsy. Of these, two reached school leaving age, two left the Island, and one was removed from the register of epileptic children.

Five pre-school children were reported to be epileptic. One boy with other defects attended the Junior Training Centre.

### **Mentally Handicapped Children**

33 children, classified as severely subnormal and unfit for education in a normal school, were in attendance at the Junior Training Centre or the attached Special Care Unit. Two children, suitable for training at the centre, remained at home under the care of their parents. Three children of pre-school age attended the Special Care Unit.



111 pupils classed as educationally subnormal attended various schools on the Island. 13 of them reached school leaving age, three removed to other areas and two were re-classified as normal during the year.

16 pre-school children were noted as unlikely to be suitable for education in an ordinary school. Many of them will be suitable for attendance at the Training Centre and some who are also physically handicapped may be more suitable for admission to the Special Care Unit.

45 children appeared maladjusted. Two of these were cases of 'school refusal', three left school during the year, three left the Island and one was taken off the register of maladjusted children.

Four children were resident in hospital or special schools. All four had more than one physical or mental defect and one who had been transferred to an employment training centre returned home as trial there had proved unsuccessful.

Six maladjusted children attended residential special schools or community homes on the mainland. Two were discharged during the year on reaching school leaving age and entered suitable employment. Tragically, one was killed in a traffic accident shortly after starting work.

#### **Physically Handicapped Children**

After a long illness, one physically handicapped boy unfortunately died during 1971. 55 physically handicapped children attended ordinary schools and of these, two attained school leaving age, two left the Island and one boy improved so much that his name was removed from the list. Two boys did not attend school for part of the year but were fit to return to school towards the end of 1971. One boy who had been in hospital for some months was discharged and later commenced attendance at a boarding school in England. Two boys are in attendance at residential special schools.

26 children of pre-school age have already been noted to be physically handicapped (one pre-school child died during the year).

Seven children known to be suffering from diabetes attended ordinary schools. One diabetic child left school during the year.



### Speech Defects

Mrs. J. E. Bayliss, speech therapist, reports that by the end of the year 42 children had been discharged from the speech therapy clinic with satisfactory speech. 101 school children and 12 pre-school children were treated (the total number of treatments given being 1,390). Eight domiciliary visits were made to a pre-school age child.

### SCHOOL ACCOMMODATION AND HYGIENE

Mr. W. A. Collister, Works Inspector, reports:  
“During the year the following schools were painted externally:

Castle Rushen High School, Murray's Road, Bride, College of Domestic Science, St. John's and Laxey.

The following schools etc. were partially decorated internally:

Albert Road, Park Road, Boys' High School—St. Ninian's, Ballakermeen, Ramsey Grammar Schools, Tynwald Street, Demesne Road, St. Thomas's, St. Mary's, Onchan, Laxey, Santon, Kewagigue, Willaston, Noble's Hall, Clinic, St. Mark's, Victoria Road and Patrick.

A large amount of repairs, maintenance and improvements was carried out at various schools including the following:

Modernisation of existing classrooms at Onchan, new floors at Victoria Road School, P.V.C. Albert Road Infants', modernisation of cloakrooms at Michael, and the continuing annual improvements to electric lighting and power facilities in a number of schools were maintained.

The building of the new Rushen Primary School, Ballaquayle Infants' School, Peel Infants' School extensions, and the modernisation of toilets and teaching accommodation at St. John's were completed. The large extensions at Castle Rushen High School and Ramsey Grammar School together with the new Infants' School at Ashley Hill, Onchan were commenced and will all be completed in the summer of 1972.

Phase II of the new College of Further Education comprising the Arts, Commercial and Technical blocks was virtually completed and occupied during the 1971 Christmas vacation.

Once again during the year a large and varied amount of furniture and equipment was purchased and installed in the schools, in addition to equipping and furnishing the new schools and extensions mentioned previously.”

# Isle of Man Board of Education

## MEDICAL INSPECTION & TREATMENT

### Return for Year ended 31st December 1971

#### PART I

#### MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

**TABLE A — PERIODIC MEDICAL INSPECTIONS**

Age Groups inspected (by year of Birth)	No. of pupils who have received a full medical examination	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual Pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1967 and later	35	35	—	1	3	3
1966	636	636	—	26	79	96
1965	62	62	—	3	4	6
1964	32	32	—	2	3	5
1963	696	696	—	59	74	116
1962	66	66	—	8	9	16
1961	33	33	—	2	3	4
1960	15	15	—	2	2	4
1959	546	546	—	90	65	146
1958	60	60	—	11	8	18
1957	11	11	—	—	1	1
1956	518	518	—	94	49	130
1955 and earlier	18	18	—	4	3	7
Total	2,728	2,728	—	302	303	552

Column (3) total as a percentage of Column (2) total ..... 100%

Column (4) total as a percentage of Column (2) total ..... —

Number of pupils on register of maintained primary, secondary, special and nursery schools in January, 1972 ..... 8,055

**TABLE B — OTHER INSPECTIONS**

Number of Special Inspections ...	636
Number of Re-inspections .....	4,517
Total ...	5,153

**TABLE C — INFESTATION WITH VERMIN**

- |   |        |
|---|--------|
| (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .....                 | 45,349 |
| (b) Total number of individual pupils found to be infested .....  | 263    |
| (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 86 (2), Education Act, Isle of Man, 1949) | Nil    |
| (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 86 (3), Education Act, Isle of Man, 1949)  | Nil    |



**PART II**  
**DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL**  
**INSPECTIONS DURING THE YEAR**

Defect Code Number (1)	Defect or Disease (2)	Periodic Inspections				Special Inspec- tions
		Entrants	Leavers	Others	Total	
4	Skin ..... T	5	6	24	35	8
	..... O	10	15	20	45	3
5	Eyes—					
	(a) Vision ..... T	26	94	182	302	18
	..... O	12	22	77	111	14
	(b) Squint ..... T	18	2	23	43	4
	..... O	13	2	10	25	2
	(c) Other ..... T	2	1	5	8	5
	..... O	5	2	6	13	4
6	Ears—					
	(a) Hearing ..... T	2	1	7	10	14
	..... O	13	3	17	33	5
	(b) Otitis Media ..... T	2	1	1	4	3
	..... O	4	—	3	7	1
	(c) Other ..... T	3	1	5	9	4
	..... O	9	5	11	25	1
7	Nose and Throat ..... T	10	4	22	36	8
	..... O	56	11	66	133	10
8	Speech ..... T	17	3	15	35	12
	..... O	1	—	15	16	6
9	Lymphatic Glands ..... T	1	—	2	3	—
	..... O	45	1	28	74	—
10	Heart ..... T	—	1	3	4	3
	..... O	33	6	55	94	2
11	Lungs ..... T	5	4	15	24	2
	..... O	25	6	42	73	8
12	Developmental—					
	(a) Hernia ..... T	1	—	3	4	—
	..... O	13	1	6	20	—
	(b) Other ..... T	2	2	3	7	1
	..... O	10	10	39	59	2
13	Orthopædic—					
	(a) Posture ..... T	—	3	7	10	—
	..... O	—	5	15	20	—
	(b) Feet ..... T	11	11	34	56	19
	..... O	26	8	60	94	5
	(c) Other ..... T	7	7	9	23	34
	..... O	20	9	15	44	19
14	Nervous System—					
	(a) Epilepsy ..... T	1	1	3	5	2
	..... O	—	—	1	1	—
	(b) Other ..... T	2	—	—	2	—
	..... O	4	2	6	12	11
15	Psychological—					
	(a) Development ..... T	—	—	1	1	1
	..... O	6	15	50	71	2
	(b) Stability ..... T	1	1	7	9	12
	..... O	18	3	35	56	16
16	Abdomen ..... T	1	1	—	2	6
	..... O	3	8	19	30	11
17	Other ..... T	—	—	2	2	7
	..... O	—	—	5	5	190

T — Pupils found to require treatment : O — Pupils found to require observation



### PART III

#### TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A — EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint .....	283
Errors of refraction (including squint) .....	774
Total ...	1,057
Number of pupils for whom spectacles were prescribed	228

TABLE B — DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear .....	5
(b) for adenoids and chronic tonsillitis .....	48
(c) for other nose and throat conditions .....	11
Received other forms of treatment .....	178
Total ...	242
Total number of pupils in schools still on the register at 31st December, 1971 known to have been provided with hearing aids—	
(a) during the calendar year 1971 .....	4
(b) in previous years .....	12

TABLE C — ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments .....	217
(b) Pupils treated at school for postural defects ...	Not known

TABLE D — DISEASES OF THE SKIN  
(excluding uncleanness for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm — (a) Scalp .....	—
(b) Body .....	3
Scabies .....	7
Impetigo .....	18
Other skin diseases .....	137
Total ...	165

**TABLE E — CHILD GUIDANCE TREATMENT**

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics .....	50

**TABLE F — SPEECH THERAPY**

	Number of cases known to have been treated
Pupils treated by speech therapist .....	101

**TABLE G — OTHER TREATMENT GIVEN**

	Number of cases known to have been dealt with
(a) Pupils with minor ailments .....	3,441
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	—
(c) Pupils who received B.C.G. vaccination .....	468
(d) Other than (a), (b) and (c) above .....	—
Total (a) - (d) ...	3,909



## PART IV

### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE BOARD DURING THE YEAR

INSPECTIONS		Number of pupils		
	Inspected	Requiring treatment	Offered treatment	
(a) First Inspection — school .....	6,743	4,234	3,328	
(b) First inspection — clinic .....	699			
(c) Re-inspection — school or clinic .....	1,242	739		
Totals .....	8,684	4,973	3,328	
VISITS (for treatment only)		Ages	Ages	Ages
	5 to 9	10 to 14	15 & over	Total
First visit in the calendar year ...	1,051	1,395	495	2,941
Subsequent visits .....	1,432	3,689	1,485	6,606
Total visits .....	2,483	5,084	1,980	9,547
COURSES OF TREATMENT				
Additional courses commenced ...	93	203	95	391
Total courses commenced .....	1,144	1,598	590	3,332
Courses completed .....				2,296
TREATMENT				
Fillings in permanent teeth .....	865	3,302	1,720	5,887
Fillings in deciduous teeth .....	502	29		531
Permanent teeth filled .....	784	3,036	1,528	5,348
Deciduous teeth filled .....	443	27		470
Permanent teeth extracted .....	195	758	113	1,066
Deciduous teeth extracted .....	1,839	699		2,538
Number of general anæsthetics .....	565	364	25	954
Number of emergencies .....	112	91	23	226
Number of pupils X-rayed .....				562
Prophylaxis .....				603
Teeth otherwise conserved .....				738
Teeth root filled .....				38
Inlays .....				1
Crowns .....				23
ORTHODONTICS				
New cases commenced during the year .....				77
Cases completed during the year .....				76
Cases discontinued during the year .....				6
Number of removable appliances fitted .....				112
Number of fixed appliances fitted .....				1
Number of pupils referred to Hospital Consultants .....				—
DENTURES		Ages	Ages	Ages
	5 to 9	10 to 14	15 & over	
Number of pupils fitted with dentures for the first time				
(a) with full dentures .....	—	1	—	1
(b) with other dentures .....	1	8	11	20
Totals .....	1	9	11	21
Number of dentures supplied (first or subsequent time) .....	1	10	17	28
ANÆSTHETICS				
Number of general anæsthetics administered by Dental Officers .....				772
SESSIONS				
Number of clinical sessions worked in the year				
(a) for inspection at school (School Service) .....				65
(b) for treatment .....				1,668
Total sessions .....				1,733





